

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 443-2022-00220 </div> </div>	
WISCONSIN EQUAL RIGHTS DIVISION and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) MS. DEBORAH J HOWELL		Home Phone (414) 750-7462	Year of Birth 1955
Street Address City, State and ZIP Code 2410 STATE ROAD 175, RICHFIELD, WI 53076			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name MILWAUKEE RADIOLOGISTS, LTD., S.C.		No. Employees, Members 15 - 100	Phone No. (414) 914-9430
Street Address City, State and ZIP Code 6150 W LAYTON AVE, GREENFIELD, WI 53220			
Name		No. Employees, Members	Phone No.
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap;"> <div style="margin-right: 10px;"><input type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 09-24-2021 09-24-2021 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I began my employment with the Respondent, Milwaukee Radiologists, Ltd., S.C., on June 29, 2007. My most recent position was Practice Manager. I postponed my retirement in 2020 at my employer's request. In spring of 2021, I informed my employer that I would retire on December 31, 2021. In August 2021, an ad was placed, and I was instructed to find my successor. The Respondent was aware of my desire to retire at the end of the 2021 calendar year. However, three weeks into my successor's training, (September 24, 2021), the president of Milwaukee Radiologists, Ltd., S.C. called to inform me that my services were no longer need, and today would be my last day of employment. I believe that I was discriminated against on the basis of age (YOB: 1955) in violation of the Age Discrimination Act of 1967, as amended.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct. Digitally signed by Deborah J Howell on 12-07-2021 08:31 AM EST		NOTARY - When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

PRIVACY ACT STATEMENT: Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

1. FORM NUMBER/TITLE/DATE. EEOC Form 5, Charge of Discrimination (11/09).

2. AUTHORITY. 42 U.S.C. 2000e-5(b), 29 U.S.C. 211, 29 U.S.C. 626, 42 U.S.C. 12117, 42 U.S.C. 2000ff-6.

3. PRINCIPAL PURPOSES. The purposes of a charge, taken on this form or otherwise reduced to writing (whether later recorded on this form or not) are, as applicable under the EEOC anti-discrimination statutes (EEOC statutes), to preserve private suit rights under the EEOC statutes, to invoke the EEOC's jurisdiction and, where dual-filing or referral arrangements exist, to begin state or local proceedings.

4. ROUTINE USES. This form is used to provide facts that may establish the existence of matters covered by the EEOC statutes (and as applicable, other federal, state or local laws). Information given will be used by staff to guide its mediation and investigation efforts and, as applicable, to determine, conciliate and litigate claims of unlawful discrimination. This form may be presented to or disclosed to other federal, state or local agencies as appropriate or necessary in carrying out EEOC's functions. A copy of this charge will ordinarily be sent to the respondent organization against which the charge is made.

5. WHETHER DISCLOSURE IS MANDATORY; EFFECT OF NOT GIVING INFORMATION. Charges must be reduced to writing and should identify the charging and responding parties and the actions or policies complained of. Without a written charge, EEOC will ordinarily not act on the complaint. Charges under Title VII, the ADA or GINA must be sworn to or affirmed (either by using this form or by presenting a notarized statement or unsworn declaration under penalty of perjury); charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to make a charge.

NOTICE OF RIGHT TO REQUEST SUBSTANTIAL WEIGHT REVIEW

Charges filed at a state or local Fair Employment Practices Agency (FEPA) that dual-files charges with EEOC will ordinarily be handled first by the FEPA. Some charges filed at EEOC may also be first handled by a FEPA under worksharing agreements. You will be told which agency will handle your charge. When the FEPA is the first to handle the charge, it will notify you of its final resolution of the matter. Then, if you wish EEOC to give Substantial Weight Review to the FEPA's final findings, you must ask us in writing to do so within 15 days of your receipt of its findings. Otherwise, we will ordinarily adopt the FEPA's finding and close our file on the charge.

NOTICE OF NON-RETALIATION REQUIREMENTS

Please **notify** EEOC or the state or local agency where you filed your charge **if retaliation is taken against you or others** who oppose discrimination or cooperate in any investigation or lawsuit concerning this charge. Under Section 704(a) of Title VII, Section 4(d) of the ADEA, Section 503(a) of the ADA and Section 207(f) of GINA, it is unlawful for an *employer* to discriminate against present or former employees or job applicants, for an *employment agency* to discriminate against anyone, or for a *union* to discriminate against its members or membership applicants, because they have opposed any practice made unlawful by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an

investigation, proceeding, or hearing under the laws. The Equal Pay Act has similar provisions and Section 503(b) of the ADA prohibits coercion, intimidation, threats or interference with anyone for exercising or enjoying, or aiding or encouraging others in their exercise or enjoyment of, rights under the Act.

EEOC (INQUIRY) NUMBER: 443-2022-00220

Inquiry Information

REASON(S) FOR CLAIM

Date of Incident (Approximate): 09/24/2021

Reason for Complaint: Age - I am 40 years of age or older

Pay Disparity:

Location of Incident: Wisconsin

Submission (initial inquiry) Date: 10/21/2021

Claim previously filed as charge with EEOC? No

Approximate Date of Filing: N/A

Charge Number: N/A

Claim previously filed as complaint with another Agency? No

Agency Name: N/A

Approximate Date of Filing: N/A

Nature of Complaint: N/A

INQUIRY OFFICE

Receiving: Milwaukee Area Office

Accountable: Milwaukee Area Office

APPOINTMENT

Appointment Date and time: 11/18/2021 10:00 AM US/Central

Interview Type: Phone

APPROXIMATE DEADLINE FOR FILING A CHARGE: 07/22/2022

POTENTIAL CHARGING PARTY

First Name, Middle Initial: Deborah, J

Last Name: Howell

Street or Mailing Address: 2410 State Road 175

Address Line 2:

City, State, Zip: RICHFIELD, WI, 53076

Country: UNITED STATES OF AMERICA

Year of Birth: 1955

Email Address: pqhowell356@gmail.com

Home Phone Number:

Cell Phone Number: (414) 750-7462

RESPONDENT/Employer

Organization Name: MILWAUKEE RADIOLOGISTS, LTD., S.C.

Type of Employer: Business or non-profit organization that I applied to, work for, or worked for

Number of Employees: 20 or more employees

Street or Mailing Address: 6150 W LAYTON AVE

Address Line 2:

City, State, Zip Code: GREENFIELD, WI, 53220

County: Milwaukee

Phone Number: (414) 914-9430

RESPONDENT CONTACT

First and Last Name: Uma Suriyanarayanan-President

Email Address: usuri@milwaukeeerads.com

Phone Number:

Title: Human Resources Director or Owner

LOCATION OF POTENTIAL CHARGING PARTY'S EMPLOYMENT

Street or Mailing Address:

Address Line 2:

City, State, Zip Code:

County:

POTENTIAL CHARGING PARTY'S DEMOGRAPHICS

Gender: F

Disabled: I do not have a disability

Are you Hispanic or Latino? not hispanic or latino

Ethnicity: White,

National Origin: American(U.S.)

Adverse Action(s)

Informed employer Milwaukee Radiologists, Ltd., S.C. (spring 2021) that I planned on retiring at the end-of-the-year. In early August, placed ad for job, was told to review applications (31 in total), chose top 5 candidates, do phone interviews, set-up subsequent (face-to-face) interviews with president, and video interviews with other board member. Board hired replacement, start date 9/1/2021, was instructed to train new employee. 3 weeks into training (9/24/2021) received call from president, was informed that September 24th would be my last day of employment, despite 14 years of employment, and I planned on working through the end of the year. I was also asked a week prior to dismissal, if I would be willing to consult for them after I left, should the need arise, which I gladly agreed to.

I believe I was dismissed due to my age and pay. My replacement is 22 years younger and is making \$30,000 less.

Supplemental Information

What Reason(s) were you given for the action taken against you?

Management felt my replacement was ready to "take over", and having two managers in the office was awkward/uncomfortable.

Was anyone in a similar situation treated the same, better, or worse than you?

No

Please provide name(s) and email and/or phone number of anyone who will support your claim, and briefly describe the information this person will provide.

Peter Nord-Cell# 414-659-9070 Email: petermichaelnord@yahoo.com